

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Map</i>		<i>3/27/00</i>
O.I.P.E. CLASSIFIER		<i>19</i>	<i>5-27-00</i>
FORMALITY REVIEW	<i>Dm</i>	<i>78223</i>	<i>5-18-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	<i>6/9/01</i>
2	<i>3-28-02</i>
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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